IDAHO COUNCIL ON DEVELOPMENTAL DISABILITIES

Position Statement on
Aversives

The Idaho Council on Developmental Disabilities supports increasing opportunities for, and protecting the civil rights of, people with developmental disabilities. These rights include the right to live, develop, and fully participate in society; the right to be treated with dignity and respect; the right to live free from mental, physical, or emotional harm; the right to procedural safeguards and informed consent; and the right to be free from discrimination.

The Council supports education and behavior management practices that are positive and appropriate for use in varied, integrated environments and that contributes to the quality of life for people with developmental disabilities.

The Council supports the promotion of positive behavioral supports and the avoidance of aversive procedures.

Therefore, it is the policy of the Idaho Council on Developmental Disabilities that:

1. Behavior management programs and treatments focus on prevention of maladaptive behaviors, environmental adaptations, and positive reinforcements;
2. Programs are designed and applied in a humane, caring manner with the ultimate goal of growth and development;
3. Staff are given appropriate, ongoing training in the provision of state-of-the-art positive supports (including training in how to appropriately handle crisis situations);
4. Successful alternative methods that are appropriate and positive are continually being developed and implemented; and
5. Procedural safeguards include informed consent and review and approval processes that will ensure the use of least restrictive procedures.

The Council supports the use of interventions and therapies that are:

1. Based upon a thorough analysis of each individual's needs, competencies, and characteristics;
2. Based on procedures supported in current clinical/educational research literature;
3. Based on a multi-component, multi-disciplinary approach;
4. Intended to replace challenging behavior with adaptive and socially productive behavior;

5. Implemented in positive and socially supportive environments;
6. Based on the long-term goals of community integration and independence;
7. Carried out by staff who have been trained and are qualified to effectively apply positive, non-aversive approaches;
8. Monitored continuously and systematically to ensure that the approach is consistent with individual needs and is successful in achieving established goals; and
9. Modified in a timely fashion if success is not evident or not occurring at an appropriate rate.

Behavior management procedures should be based on a positive, therapeutic plan. This plan may include the use of mild, non-harmful negatives that we all experience on a regular basis such as frowning, normal verbal reprimands, and nonviolent touching. This plan should not include procedures that are disrespectful, dehumanizing, or involve social humiliation.

The Council feels that aversive procedures with any of the following characteristics should be eliminated:

1. Inflict obvious signs of physical pain or harm;
2. Cause actual or potential side effects such as tissue damage, physical illness, severe physical or emotional stress, or death;
3. Dehumanize the individual;
4. Cause permanent or temporary psychological or emotional harm;
5. Cause repulsion, stress or concern on the part of observers who cannot reconcile such extreme procedures with acceptable standard practice;
6. Result in significant concern on the part of family members, staff or caregivers regarding the necessity of, or their own involvement in such extreme strategies

Examples of these aversive methods include:

- Contingent electric shock (not to be confused with electro-convulsive therapy or ECT which is also subject to abuse)
- Extremely loud white noise or other auditory stimuli
- Forced exercise
- Shaving cream in the mouth
- Lemon juice, vinegar, or jalapeno pepper to the mouth
- Water spray to the face
- Placement in a tub of cold water or cold showers
- Slapping or pinching with hand or implement

- Ammonia capsule or vapor to the nose
- Blindfolding or other forms of blocking vision
- Placement in a dark, isolated box or other methods of prolonged physical isolation
- Teeth brushed or face washed with caustic solutions
- Ice to the cheeks or chin
- Withholding of meals/denial of adequate nutrition
- Prolonged restraint or seclusion

The Council recognizes that there are emergencies which require immediate and effective response. "Emergency" in this context means a situation which poses a clear and imminent threat of serious injury. In such situations, procedures, such as restraints, may be used to prevent injuries. In this context, the procedures should be no more aversive than necessary to prevent the injury. This type of intervention is not a deliberate use of an aversive stimulus to change behavior, but a practical response to prevent a person from doing harm to themselves or others. There are, however, certain aversives, such as electric shock, that would never be appropriate, even in an emergency.